

Assistant Commissioner for Patents **BOX PATENT APPLICATION**

Washington, DC 20231

NON-PROVISIONAL UTILITY PATENT APPLICATION TRANSMITTAL - 37 CFR 1.53(b)

[] Duplicate (check, if applicable)

Attorney Docket No. 053663-5017-02
First Named Inventor: Boris Skurkovich et al.
Express Mail Label No. EV260285075US
Total Pages of Transmittal Form: 2



Transmitted herewith for filing is the non-provisional utility patent application entitled:

TREATMENT OF SCHIZOPHRENIA

which is:					
an [] Orig	inal; or				
a [X] Con	tinuation, [] Divisional, or [] Continuation-in-part (CIP)				
of U.	S. Application No. 10/422,119, filed April 24, 2003.				
Antic	ripated Group/Art Unit: or Class, Subclass				
[] This	non-provisional patent application is based on Provisional Patent Application				
No	, filed				
Enclosed are	:				
[X]	Specification (including Abstract) and claims: 68 pages.				
[X]	Unexecuted Declaration of Simon Skurkovich.				
[X]	Unexecuted Declaration and Power of Attorney.				
[]	Copy of Declaration from prior application.				
[]	Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).				
[X]	One (1) Sheet of drawings (formal) plus one copy.				
[]	Microfiche computer program (Appendix).				
[]	Nucleotide and/or Amino Acid Sequence Submission, including:				
	[] Computer readable copy [] Paper Copy [] Verified Statement.				
[]	Under PTO-1595 Cover Sheet, an assignment of the invention				
[X]	Name of Assignees: Advanced Biotherapy, Inc.				
[]	Certified copy(ies) of Application No(s) filed is/are filed:				
	[] herewith or [] in prior application				
[X]	Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37				
	C.F.R. §1.27 as [] an Independent Inventor, or [X] a Small Business Concern, or [] a				
	Non-Profit Organization.				
[X]	Preliminary Amendment.				
[]	Information Disclosure Statement, PTO-1449, and cited references.				
[]	Request for Nonpublication of Application Under 35 U.S.C. §122(b)				
	Other:				

The filing fee is calculated as follows:

			SMALL	ENTITY	LARGE		E ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$375			BASIC FEE: \$750		
Total	5-20 =	0	X9	\$ 0	OR	X18	\$	
Independent	1- 3=	0	X42	\$ 0	OR	X84	\$	
[] Multiple Dependent Claims Present			\$140 .	\$	OR	\$280	\$	
			TOTAL	\$ 375.00	OR	TOTAL	\$	

- [] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.
- A check in the amount of <u>\$__</u> to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account No.** 50-0310 (Billing No. 053663-5017-02) as noted below. A duplicate copy of this sheet is enclosed.
 - [X] Any overpayments or deficiencies in the above-calculated fee.
 - [X] Filing fee in the amount of \$375.00 calculated above.
 - [X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
 - [X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS:

<u> 25,</u> 2003

By:

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Enclosures